

PTO/SB/29 (10-00)

Approved for use through 10/31/2002, OBM 0851-0032  
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

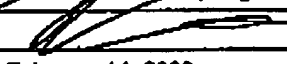
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CALCULATION OF FEES							
ITEM		TOTAL NO. OF CLAIMS		NO. OF CLAIMS OVER BASE	LG/SM \$ ENTITY FEE	\$ AMOUNT	\$ FEE
A	TOTAL CLAIMS FEE	6(9)	-20	0	LG=\$18 SM=\$9	\$0	
B	INDEPENDENT CLAIMS FEE*	3	-3	0	LG=\$84 SM=\$42	\$0	
C	SUBTOTAL - ADDITIONAL CLAIMS FEE (ADD FINAL COLUMN IN LINES A + B)						\$ 0
D	MULTIPLE-DEPENDENT CLAIMS FEE				LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 140
E	BASIC FEE				LARGE ENTITY FEE = \$750 SMALL ENTITY FEE = \$375		\$ 375
F	TOTAL FILING FEE (ADD TOTALS FOR LINES C, D, AND E)						\$ 515
*LIST INDEPENDENT CLAIMS 9, 10, 14							

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 11-1445:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☒ Fees required under 37 CFR 1.18.
8. ☒ Please charge Deposit Account No. 11-1445 in the amount of \$ 515.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☒ New Attorney Docket Number, if desired 10A 2981 DIV
12. a. ☐ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized. See MPEP 503).
13. ☒ Other: Declaration and Power of Attorney and a copy of the prior application as originally filed with an affidavit or declaration verifying it as a true copy.

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		(INSERT CUSTOMER NO. OR ATTACH BAR CODE LABEL HERE)		<input type="checkbox"/> New correspondence address below	
NAME					
ADDRESS					
CITY		STATE	ZIP CODE		
COUNTRY		TELEPHONE	FAX		

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	William J. Androlia, Reg. No. 27,177
SIGNATURE	
DATE	February 14, 2003

**BEST AVAILABLE COPY**